

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-046621

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 3476

DO NOT WRITE
ON THIS STUB

AMENDED

FILED NOV 20 1963

| | | | |
|---|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>St. Louis</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clayton</u> | | c. CITY OR TOWN <u>Bridgeton</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Louis County Hospital</u> | | d. STREET ADDRESS <u>11033 Wildwood Dr.</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Christina</u> Middle <u>Tinsley</u> Last <u>Tinsley</u> | | 4. DATE OF DEATH Month <u>11</u> Day <u>12</u> Year <u>1963</u> | |
| 5. SEX <u>F</u> | 6. COLOR OR RACE <u>W</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>4-16-1963</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) <u>6</u> Months <u>27</u> Days IF UNDER 1 YEAR Hours Min. |
| 11. BIRTHPLACE (City and state or country) <u>Clayton, Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> | |
| 13a. FATHER'S NAME <u>Melvin C. Tinsley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Doryle A. Counts</u> | |
| 14. NAME OF HUSBAND OR WIFE | | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u> | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>Melvin C. Tinsley</u> Address <u>11033 Wildwood, Bridgeton</u> | |

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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Edema</u> DUE TO (b) <u>Probable Intracranial Hemorrhage.</u> DUE TO (c) | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |

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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour <u>8:30</u> a.m. p.m. | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION <u>Clayton, Mo.</u> |
| 21. I attended the deceased from <u>11-10-1963</u> to <u>11-12-1963</u> and last saw her alive on <u>11-12-1963</u> Death occurred at <u>8:30 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. | | 22a. SIGNATURE - <u>Richard G. Chesser, M.D.</u> (Degree or title) | |
| 22b. ADDRESS <u>601 So. Brentwood</u> | | 22c. DATE SIGNED <u>11-12-63</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | 23b. DATE <u>11-14-63</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Ellington Cem.</u> | 23d. LOCATION (City, town, or county) <u>Ellington, Mo.</u> (State) |

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| 24. FUNERAL DIRECTOR <u>Pfritzing Mortuary-Kirkwood, Mo.</u> | 25. DATE RECD. BY LOCAL REG. <u>11-14-63</u> | 26. REGISTRAR'S SIGNATURE <u>John B. Murphy, M.D.</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Don E. Hoffman

Licensed Embalmer No.

41366

P. O. Address

Don E. Hoffman

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.